Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 07/20/2016 HAL092152 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1206 WEST CHATHAM STREET SUNRISE OF CARY CARY, NC 27513 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 000 C 000 Initial Comments Thiks report is of a Biennial Construction Survey done by Bob Getchell on July 20, 2016. This facility was first licensed as a Home for the Aged serving 85 residents, 35 of which reside in a Special Care Unit, on July 23, 2014. Therefore the facility must meet the 2006 North Carolina State Building Code(s) for Institutional Occupancy, and, the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds. Deficiencies were noted which will require a new plan of correction C 166 C 166 Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained free of hazards by improper storage of oxygen cylinders. This would affect all residents by potentially exposing them to hazards from a ruptured cylinder. Findings include: The following rooms have oxygen bottles are being stored loose on the floor, and also in beverage crates that can not prevent them from tipping over: Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X8) DATE

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 B. WING 07/20/2016 HAL092152 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1206 WEST CHATHAM STREET SUNRISE OF CARY CARY, NC 27513 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 166 C 166 Continued From page 1 a) Room 329, b) Room 230, Based on observation, the stairwells were not maintained in a safe manner by allowing items to be stored near the Exit. Findings include: a) In Stair A, 1st Floor there are items being stored in the stairwell near the Exit door. C 189 Building Equipment Maintained Safe, Operating C 189 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical. mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin. Findings include: a. The Electrical Closet near room 319 has an unprotected wall penetration by conduit b) The Electrical Closet near room 309 has an unprotected wall penetration by conduit

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 07/20/2016 HAL092152 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1206 WEST CHATHAM STREET SUNRISE OF CARY CARY, NC 27513 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (XX) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 189 C 189 Continued From page 2 c) The IT Closet near room 210 has an unprotected wall penetration by wire d. The phone room at the office has a wire sleeve that is unsealed, e) Throughout the building plastic covers have been installed over holes cut in to the corridor ceilings. Cover holes with fire-resistance rated materials. f) The 2nd floor Wellness Office has holes in the wall at the desk g) The Electrical Closet near room 225 has unprotected ceiling and wall penetrations. h) In Stairweil A on second floor there is an unprotected penetration by sprinkler riser pipe in the corridor wall i) In the Kitchen there is an unprotected wall penetration by conduit at the service corridor entrance above the ceiling tile. i) In the kitchen the gas line escutcheon has slid down revealing an opening to the attic k) In the elevator pump room there is an unprotected ceiling penetration by conduit In the Theatre closet there is an unprotected wall penetration at the baseboard. in the Electrical Closet near room 103 there are unprotected ceiling penetrations These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814. 2. Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch. Findings include: The following doors have issues:

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a) Room 323 bedroom door scrubs the frame

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PRINTED: 07/21/2018 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL092152 07/20/2016 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1206 WEST CHATHAM STREET SUNRISE OF CARY **CARY, NC 27513** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREEIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR USC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 189 C 189 Continued From page 3 b) 2nd Floor Stairwell C door scrubs the frame and will not latch when released. c) Room 201 bedroom door scrubs the frame, d) 2nd Floor Activity Room door has kickdowns, e) Room 225 bedroom door scrubs the frame. f) The door to the Employee Lounge on the Service Corridor has a door closer disconnected. g) The Laundry/Hopper Room door is scrubbing the frame h) The Service Corridor entry door is scrubbing the frame i) The 2nd Floor cross corridor doors at the Living Room will not close and latch. i) Room 207 corridor door is wedged open Based on observation, the building exit signage was not maintained in a safe manner. This would affect all residents by not keeping the exits visible in an emergency. Findings include:

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locations:

battery backup

Findings include:

coming loose from the floor.

Exit signs are not working in the following

a) Exit sign at front door not working on battery

b) Stair A, 1st Floor Exit Sign is not working on

 Based on observation, the building plumbing equipment was not maintained operable. This could expose residents to a slip and fall hazard.

The hall bathroom near room 210 has a toilet

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